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Navy & Marine Corps Medical News
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The Navy Bureau of Medicine and Surgery distributes Navy and Marine Corps Medical News (MEDNEWS) to Sailors and Marines, their families, civilian employees and retired Navy and Marine Corps families. To achieve maximum medical information distribution, your command is highly encouraged to distribute MEDNEWS to ALL HANDS electronically, include MEDNEWS in command newspapers, newsletters and radio and TV news programs.

Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are placed in front of their names.

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Correction: Last week's MEDNEWS story about Nurse Corps training at Naval Hospital Jacksonville should have identified the midshipmen as ROTC midshipmen instead of Naval Academy midshipmen.

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Headline: Cherry Point maintains quality edge
By: Lt j.g. Gordon R. Blighton, MSC, and Alice Eddinger,
Naval Hospital Cherry Point

CHERRY POINT, N.C. -- In January 1999, Naval Hospital Cherry Point emphasized its dedication to quality control by earning a 98 score during an accreditation committee inspection. Not only did the hospital achieve the near perfect score; the committee renewed the hospital's

accreditation with commendation.

The hospital maintains that high state of organizational readiness to ensure continuity of quality care for its customers, according to Cmdr. David R. McCarthy, NC, who is the hospital's performance improvement coordinator.

To share his hospital's experience gained from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey, McCarthy arranged a two-day seminar called "Continual Readiness JCAHO Training".

More than 75 personnel from various Eastern North Carolina and Virginia Commands, including Fourth Medical Group, Seymour Johnson Air Force Base, Naval Hospital Camp LeJeune, Naval Medical Center Portsmouth and Naval Hospital Cherry Point attended the event.

Participants received information about the new 2000 Joint Commission standards, which provide the parameters for assessing both organizational quality of care issues and the safety of the environment in which care is provided.

But there was more information that the participants would be able to share with their commands. JCAHO policies regarding patient rights and ethics, care of patients, professional education and continuum of care were among the topics that would improve medical staffs' expertise and help continue an MTF's quality care programs.

McCarthy said this kind of training and communication for staff members contributes to quality of care and helps MTFs maintain readiness for JCAHO accreditation surveys.

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Headline: New dental gear improves field service to Marines
>From 1st Dental Battalion
By Capt. Richard C. Vinci, DC, NDC Camp Pendleton

CAMP PENDLETON, Calif. - When Lt. Gladys Jaffari, DC, 1st Dental Battalion, deploys this month with her Marine unit, she will improve her dental care to the Marines and Sailors with a new dental temporary care delivery system, the All Purpose Dental Treatment Bag or APDTB. This new 25-pound treatment container, which is a compliment to the much heavier, cumbersome dental gear in the Authorized Dental Allowance List or ADAL, allows limited care for dental emergencies ranging from root canals to extractions.

The new bag, though it has limited use and doesn't replace the full dental facility capability, is another step to ensure continuous care for the Marines.

"Navy Dentistry's mission in support of deployed forces is the same whether in garrison or in the field, and that is to promote and maintain dental readiness and health," said Capt. Greg Kvaska, DC, Dental Officer for the Marine Corps at Headquarters Marine Corps, Washington, D.C. The nature of dental disease requires constant vigilance; we cannot just raise a deploying unit's dental readiness as high as possible and send them off unsupported."

"The standard dental setup, or ADAL, allows us to

maintain both readiness and health of Marines and Sailors while deployed. But that larger, more involved setup is often not easily accessible during the early stages of troop movement. Should a Marine fracture teeth jumping off a truck or suffer a dental emergency, the APDTB allows quick temporary treatment or pain relief until the more thoroughly equipped facility is operable. In most cases, this will prevent the need to medical evacuate that Marine."

So Jaffari's support of Marines is expedited by using the APDTB. She will not have to wait for more than 1,300 pounds of standard ADAL dental gear to arrive. She can grab her APDTB, climb aboard a HUMVEE or helicopter and provide emergency interim dental care without moving patients to the main dental facility.

The current "portable" standard dental unit of the ADAL contains a light, patient chair, x-ray device, sink and supply boxes weighing about 1300 pounds and occupying more than 250 cubic feet. Compare that to the 25-pound APDTB that uses 2 cubic feet of space and the portability advantages become clear.

Jaffari's dental group is attached to the 15th Marine Expeditionary Unit, Force Services Support Group out of Camp Pendleton, Calif. When moving with this organization, portability and the ability to move out in a hurry are pluses for dental service.

"With the APDTB, a Marine who is injured or requires emergency care can be treated expeditiously on site, and - within limitations - can even receive an exam or dental cleaning, " said Kvaska

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Headline: Army reserve medical unit trains at Great Lakes
BY Lt. Youssef H. Aboul-Enein, MSC, Naval Hospital Great Lakes

GREAT LAKES, Ill. -- Naval Hospital Great Lakes not only supports the naval training centers, it also trains reservists

The 801st Combat Support Hospital in Fort Sheridan, Ill., sends about 20 Army Reserve personnel to fulfill their Ready Reserve training requirements one weekend a month.

After spending time in a classroom, the Army medics and officers augment the pharmacy, physical therapy and several other areas of the Naval Hospital.

"I have been involved in training at Naval Hospital Great Lakes since 1974," said Lt. Col. Arnold Oskin, USAR, who now is the officer in charge of the Fort Sheridan Army Medical Group. "In 1996, we were deployed for Operation Joint Endeavor in Bosnia, and the training and hands-on work we did every month at Great Lakes Naval Hospital kept our skills sharp, particularly while serving with Army units in the Balkans."

In keeping with a joint service training concept, Naval Hospital Great Lakes has provided Navy Hospital Corpsmen to serve in Army Reserve Units during field training exercises.

It provides an opportunity for the Hospital Corpsmen to learn how the Army is structured and how they do business from a medical and military perspective.

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Headline: Telemedicine assists Spruance during deployment
By Lt. j.g. Jon Spiers, USN

ABOARD USS SPRUANCE (AT SEA) -- As it is with any forward-deployed ship, operational ability determines success, and medical readiness is a prime element of developing that ability.

Spruance's medical department continuously improves the crew's medical readiness with aggressive education, training and health promotion. The most recent medical innovation was the addition of "telemedicine" to the medical care inventory.

The innovation is in keeping with today's high tech considerations when phrases such as Y2K and Network-centric Warfare are part of tactical and strategic discussions. So, adding telemedicine to the list makes sense, because its modern communication methods contribute to quality medical care for our Sailors and helps commanders maintain a high level of personnel readiness for their ships and bases.

Led by Chief Hospital Corpsman (SW) Robert Martel, from Schooley's Mountain, N.J., Spruance's medical team takes full advantage of advances in technology and communications to enhance medical service to the crew.

In a recent deployment, digital images of a patient's skin condition were sent via password protected files to the Telemedicine Department at National Naval Medical Center in Bethesda, Md. The result was a rapid turn-around in information and a modification to the treatment plan that greatly improved the patient's condition.

"In addition to sending digital photographs, we have been able to use routine e-mail to discuss numerous cases with physicians in the Mediterranean and back in Mayport," said Martel.

Martel said they coupled the computer network that provides Internet connectivity to forward-deployed forces with off-the-shelf digital cameras to increase transmission services. He emphasized that using this new technology allows health care that wouldn't have been possible before until the ship pulled into a port with a Naval Hospital.

"Our cost to set this up was negligible and the return from the patient's point of view is immeasurable," said Martel.

Capt. Richard S. Bakalar, MC, executive assistant for telemedicine, said his group has had success working with independent duty hospital corpsmen on a number of ships including recent work with USS Atlanta (SSN-712) and USS Yorktown (CG-48).

"The key to a successful telemedicine consultation starts with the independent duty corpsman making the initial assessment and forwarding a quality digital image to the

consultants in Bethesda," Bakalar said.

He told Spruance's medical team that during a USS Carl Vinson (CVN-70) deployment, telemedicine prevented 14 medical evacuations for a cost avoidance of more than \$61,000, confirmed the requirement for 10 medical evacuations, saved 1,333 full duty days and 244 light duty days.

Spruance expects to return to Mayport, Fla., in mid-March. Until then, the medical professionals on board will continue keeping medical readiness high with the knowledge that a telemedicine consultation is only a mouse-click away.

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Headline: Family practice clinic improves access to care
By Ensign Dan Maley, Naval Ambulatory Care Center New Orleans

NEW ORLEANS -- A \$300,000 renovation of Naval Ambulatory Care Center New Orleans improved access to medical care for Naval family members by adding a Family Practice Clinic that opened February 1.

Dr. Herman Sacks and Lt.Cmdr. Denna Miller, MC, both of whom graduated from military family practice residency programs, will operate the clinic.

Miller said the addition of the family practice will now allow NACC, New Orleans, to serve the pediatric population, address family and psychosocial issues.

Sacks said the new clinic gives entire families the opportunity to be seen by a single provider, which will allow the physician to get to know the family better.

Both doctors are looking into several new ideas and technologies to improve services to all the beneficiaries of NACC for both family practice and primary care clinics.

Care includes, but is not limited to immunizations, health maintenance services, allergy shots, well child/school physicals, and post partum exams.

For more information about Naval Ambulatory Care Center visit their website at <http://noweb.med.navy.mil/>.

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Headline: Anthrax question and answer
>From Bureau of Medicine and Surgery

Question: What preparations have been made to respond to an anthrax release in a high-threat area?

Answer: The status of sufficient personnel and materiel, both medical and other logistics, is continually reassessed by the commanders in chief (CINCs) for their geographical areas of responsibility. Specific details of U.S. capability in supporting war plans are classified.

There is no theater of war currently, but the status of personnel, medical materiel, evacuation equipment and hospitalization assets in all geographical areas of responsibility are maintained at a high state of readiness. U.S. forces are prepared to address a wide range of possible

contingencies and crises in the region.

All military personnel are trained to respond immediately by assuming a mission-oriented protective posture (MOPP) commensurate with the risk, and provide first aid to injured personnel. Deployed medical personnel are trained to respond to symptoms of biological disease and chemical casualties that may be encountered in modern warfare; provide or direct patient decontamination activities and render resuscitative or definitive medical care.

For more information visit the Navy anthrax web site at <http://www-nehc.med.navy.mil/prevmed/immun/anthrax.htm>, or the DOD web site at <http://www.anthrax.osd.mil/>.

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Headline: TRICARE question and answer
>From Bureau of Medicine and Surgery

Question: Can my son or daughter, who is away from home at college, enroll in TRICARE Prime at college if the option is available there?

Answer: For active duty families your son or daughter may enroll in TRICARE Prime as an individual if the option is offered in his or her geographic area. Retirees and their family members will have the option of split enrollments (enroll as a family in one region and pay one fee but be able to receive care for children in school in a different region).

For more information visit the website at <http://www.tricare.osd.mil/>.

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Headline: Healthwatch: Gum disease may cause premature babies
By Cmdr. D. K. Oyster, DC, Branch Dental Clinic Mayport

MAYPORT, Fla. -- Researchers at the University of North Carolina and Meharry Medical College of Nashville say that gum disease in pregnant women may increase the risk of delivering a premature baby of low birth weight by more than seven times. The findings, published in The Journal of Periodontology, suggest that periodontal infection may be responsible for many premature births that were otherwise unexplainable.

Indeed, the research article indicates that gum disease may cause as many as 18 percent of the 250,000 premature and underweight babies born in the U.S. each year. By properly treating periodontal infection in women of childbearing age, the researchers speculate 45,500 premature births each year might be prevented.

That could lead to a saving of nearly \$1 billion in intensive neonatal care costs. The study was based on detailed analysis of 124 births. The researchers noted that the results were preliminary and needed to be confirmed by further study.

The researchers speculate that periodontal disease can lead to the release of bacteria and bacteria-produced toxins

into the bloodstream. These toxins do not attack the fetus directly, but may interfere with fetal development.

Periodontal infection also stimulates the production of inflammatory chemicals by the mother's body, which can lead to dilation of the cervix and uterine contractions, thus leading to premature birth.

The bottom line: If you're pregnant or considering pregnancy, your gums should be in good health! Brushing, flossing and regular dental visits before you become pregnant can help your child start out on the right (little) feet.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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